
MEDICAL CARE

When a child is placed in out-of-home care, it is important to involve the parent(s) or legal guardian(s) in the child's medical, dental, developmental, and mental health care. Case planning activities require caseworkers to solicit health information from the child's parent(s) or guardian(s) regarding the child's medical history and preferences for health care to complete the medical passport.

Attempts for parental consent should be requested for routine, non-surgical medical care, and non-emergency surgical treatment.

If a child is placed in out-of-home care, the court, a placement foster care agency or Michigan Department of Health and Human Services (MDHHS) may consent to routine, non-surgical medical care, or emergency medical and surgical treatment for the child; see The Child Care Organizations Act, 1973 PA 116, MCL 722.124a within this policy item.

Note: It is important that the caseworker discusses routine medical care, as stated below, with the parent(s).

**DHS-3762,
Consent
Authorizing
Routine and
Emergency Care**

The court, placement foster care agency or the department making the placement must provide a written document (MCL 722.124a) investing the foster parent, relative caregiver, childcare institution (CCI) or any other foster care provider with authority to:

- Consent to routine, non-surgical medical care.
- Consent to emergency medical and surgical treatment.

The DHS-3762, Consent to Routine, Non-surgical Medical Care and Emergency Medical or Surgical Treatment, card is the written document authorizing the foster care provider to consent to the routine and emergency medical care for children in foster care.

Routine, Non-Surgical Medical Care

For the foster care provider to access health care for the child, the caseworker must provide the child's foster care provider with the following health cards:

- Child's Medicaid card.
- DHS-3762 card.
- Child's Medicaid Health Plan card, as applicable.

Each child in care must be enrolled in Medicaid (MA) and have an assigned MA recipient ID number to ensure prompt health services at the time of placement. The foster care provider is given the DHS-3762 which allows the provider to take the child to the doctor and respond to emergencies. The DHS-3762 is completed by the caseworker placing the child and the caseworker must enter the child's MA number on the card, if child is already on MA.

If a child is not active on MA at the time of placement, the foster care provider must receive the MA card or alternative verification of the child's MA status and recipient ID number within 30 days of the date a child enters foster care.

For any subsequent placement, the foster care provider must receive the child's MA card, or alternative verification, if necessary, and the DHS-3762 prior to or upon the child's placement.

The caseworker must obtain the child's MA card from foster care providers to pass on to the new foster care provider at the time of the child's replacement or to the parent(s) or legal guardian(s) when child is returned home.

Medical Card Receipt Requirement

The date to be documented in the electronic case management record should be the date the foster parent was provided with the MA card and/or MA number. The worker must provide the DHS-3762 to the foster parent. This must be documented in the placement detail screen of electronic case management record by checking the applicable box and entering the date the cards and MA number were provided.

Parental Engagement and Health Care

Although the DHS-3762 authorizes consent for routine medical care, it is important to continue engaging the child's parent(s) or legal guardian(s) in the child's ongoing medical, dental, developmental, and mental health care and treatment. The consent authorizing routine health care does not negate parental involvement. Ideally, the parent should be present at all health appointments. The caseworker is responsible for facilitating the

parent's or legal guardian's involvement in health care appointments, including attempts to accommodate the parent(s) and school with arranging transportation. See *parental involvement* in the Overview of this policy item regarding parent(s) or legal guardian(s) participation in child's health care appointments.

Routine, Non-surgical Medical Care Defined

Routine, non-surgical medical care may include but is not limited to:

- A comprehensive health assessment and physical exam.
- Dental exam and procedures including cleaning, filling, or extraction of teeth.
- Developmental/behavioral assessment.
- Laboratory services for hematocrit, hemoglobin, urinalysis, hereditary/metabolic, or other needed testing as determined by the physician.
- Blood pressure for children aged three and over.
- Age-appropriate unclothed physical examination.
- Age-appropriate screening, testing, and immunizations.
- Immunization review and administration.
- Blood lead testing for children under six years of age.
- Mental health assessment, evaluation, counseling, and therapy.
- Nutritional assessment.
- Preventive health services.
- Treatment of communicable diseases.
- Vision and hearing tests.
- X-rays.
- Routine suturing and minor lacerations.

- Sleep studies.
- Occupational, physical and speech therapy.

Note: For the parent(s) or the legal guardian(s) of temporary court wards who object to required immunizations based on religious or philosophical grounds, refer to *Nonmedical Waivers* and *Parental Objection* within this policy item; see [FOM 801-02, Immunizations](#).

Exclusions from Routine, Non- Surgical Medical Care

Routine, non-surgical medical care does **not** include:

- Psychotropic medications; see [FOM 802-1, Psychotropic Medication in Foster Care](#).
- Clinical trials.
- Non-emergency elective surgery.
- Contraceptive treatment, services, medications, or devices (MCL 722.124a).
- Participation in the Waiver for Children with Serious Emotional Disturbance (SEDW).
- General anesthesia for any procedure including dentistry.

Authorization for Clinical Trials

Clinical trials and new therapies, procedures, or treatments for any type of human research involving children in foster care **requires** parental informed consent for temporary court wards, Michigan Children's Institute (MCI) superintendent consent for MCI wards, and judicial consent for permanent court wards. The MDHHS medical consultant will review all MCI requests.

Consent for Non- Emergency Elective Surgery

MDHHS may not consent to non-emergency and elective surgery for temporary wards. Only the child's parent(s) or legal guardian(s) may consent to non-emergency elective surgery unless parental

rights have been terminated by court action. If the parent's whereabouts are unknown, a court order must be obtained.

Consent for Non-Emergency Elective Surgery for MCI Wards

Consent from the MCI superintendent must be pursued, and MCI authorization received for non-emergency and elective surgery for MCI wards. Two weeks prior to the planned surgical procedure, the caseworker must submit the following to the MCI superintendent:

- A written request from the physician that explains the surgical procedure and includes:
 - The benefits and risks of the surgery.
 - An explanation of the need or requirement for the surgery.
 - The expected outcome.
 - The consequences if the surgery is not performed.
- A copy of the commitment order.
- The appropriate consent forms from the hospital, such as consent for surgery, consent for anesthesia, etc. The forms must be submitted in advance of the surgery date.

Upon review of the above information, the MCI superintendent will approve or deny the request and return the consent forms to the caseworker. In the absence of the MCI superintendent, one of the MCI consultants within MDHHS may be designated as acting superintendent and authorized to approve or deny consents.

Health Consents and Young Adults Aged 18

At age 18, children in foster care reach the age of majority and are legal adults (MCL 722.52). Regardless of legal status, necessary medical consents for health care are to be signed by the young adult. However, if the young adult is physically or mentally incapacitated and unable to make their own health decisions, it is in the young adult's best interest for a guardian ad litem or other guardian to be appointed by the court to assist with health consents and decisions.

**Consent to
Substance or
Pregnancy Testing**

In the course of medical treatment, if a physician recommends testing for substances or pregnancy to diagnose and determine medical condition of child in foster care, the child's parent of a temporary court ward must consent or not consent. The child must also be informed about the doctor's recommendation and be provided an opportunity to consent. If the child's parent(s) is not available or capable of providing a decision to consent or not consent, the department may provide the consent.

Disagreements should result in family team meetings and addressed in court.

**BIRTH CONTROL
AND
CONTRACEPTIVES**

Contraceptive treatment is excluded from routine, non-surgical medical care (MCL 722.124a). However, there are no specific Michigan statutes or laws on the provision of birth control or need for parental or guardian consent.

Federal statutes address the minor's right to contraceptives without consent from the parent(s) or guardian(s). Courts have interpreted Title X of the Public Health Service Act and the Medicaid law (Title XIX) to require the provision of confidential contraceptive services to minors (42 USC §300(a); 42 USC §1396d (a)(4)(C)). When health care providers offer contraceptives to patients with MA insurance or through programs funded by the Public Service Act, such as Planned Parenthood, they may not require parental consent or notification. In addition, the federal constitutional right to privacy protects an adolescent's decision to attempt to avoid unwanted pregnancy (Carey v. Population Services Int'l, 431 US 678 – 1977).

Provider discretion applies for health care providers not funded by Title X or Title XIX. Doctors accepting private health care coverage may require parental consent prior to providing contraceptives to minors.

POLICY CONTACT

Questions about this policy item may be directed to the [Child Welfare Policy Mailbox \(Child-Welfare-Policy@michigan.gov\)](mailto:Child-Welfare-Policy@michigan.gov).